Name in Full | Certificate of Death

Elizabeth Johnson

Died at Town: Hyattsville County: P. Geo MARYLAND

Date 1899 Month: Aug Day: 29 | Age Y. 24 M. — D. — | Native of: Md | Occupation: —

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name: Alexander Johnson | Mother's Name: Mary Johnson

Cause of Death: Primary: Phthisis | Immediate: | How long sick

22a

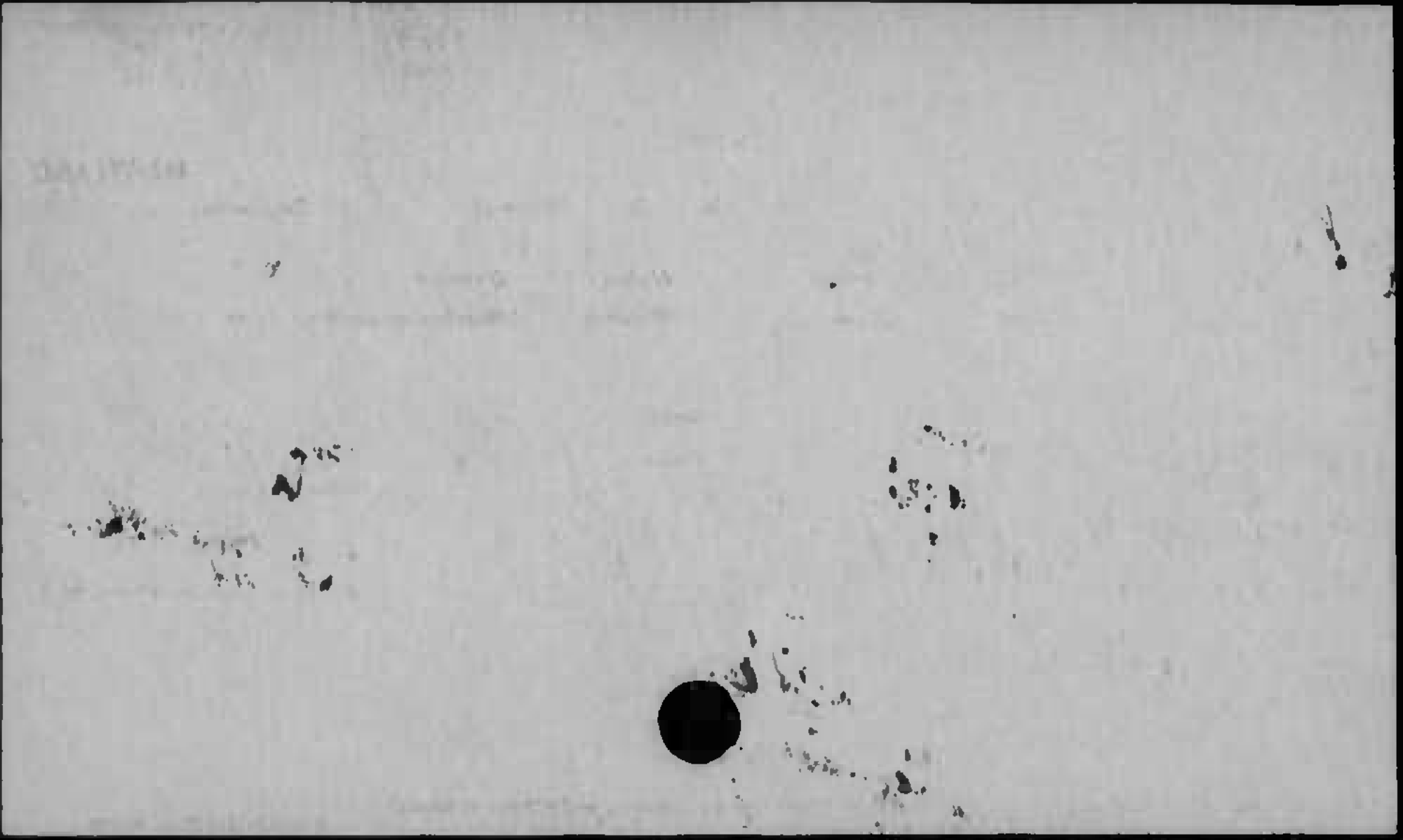
Accident, Suicide, Homicide

Reported by: Chocacreer Mo

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full | Certificate of Death

Elsie Boswell

Died at Town: Aquasco | County: Pr. Geo. | MARYLAND

Date 1899 | Month: 8 | Day: 22 | Age: Y. 1. M. 11 D. 29 | Native of: Mo | Occupation:

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name: William Boswell | Mother's Name: Ella Boswell

Cause of Death: Primary: Laudanum child took 1 oz | How long sick: 12 hours

Immediate: Coma 151 | Accident, ~~Suicide, Homicide~~

Reported by: M. R. Latimer,

Address: Aquasco Mo.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Caroline Boyd B.

Died at Town: Laurel County: Prince Geo MARYLAND

Date 1899 Month: Aug. Day: 16 | Age Y.: 75. M. D. | Native of: Md | Occupation: H.W.

~~Male~~ | White | ~~Married~~ | Widow | ~~Divorced~~

Female | ~~Colored~~ | ~~Single~~ | ~~Widower~~ | Number of children living 7

~~Husband~~ Wife of Andrew Boyd, (deceased)

Father's Name | Mother's Name

Cause of Death: Primary — Paralysis 44 — How long sick 6 weeks

Immediate — Prostration — ~~Accident, Suicide, Homicide~~

Reported by J. R. Smith M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968

Name in Full Laura C Brooks

Certificate of Death

Died at Town Nottingham County P. G. Co MARYLAND

Date 1899 Month Aug Day 16 | Age Y. 39 M. D. | Native of Md | Occupation Housewife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 8

~~Husband~~ Wife of Pinkney Brooks

Father's Name Dan Kunn Mother's Name Caroline Swain

Cause of Death: Primary .154 How long sick 2 days

Immediate Pernicious Fever ~~Accident, Suicide, Homicide~~

Reported by W H Gibbons

Address Croom . Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Susan Brooks

Town

County

Died at near Camp Springs Pr. Geo. MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 9	Aug 5.	Age 96			Md	Housekeeper

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 4

Husband of

Wife

Father's Name

Mother's Name

Cause of Death — Primary: Paralesis 44 — How long sick 1 year

Immediate: " — Accident, Suicide, Homicide

Reported by Scott Armstrong

Address Forestville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

There was no Dr. in attendance

Name in Full Robert Cameron

Certificate of Death

Died at (Town) 1 mile from Landover (County) P. Geo. MARYLAND

Date 1899 Month Aug Day 22 | Age Y. 1 M. 2 D. 14 | Native of Said Co. | Occupation - Infant

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widowed~~ Widower ~~Divorced~~ | ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name John Cameron

Mother's Name ~~—~~ Cameron

Cause of Death: Primary Cholera Infantum. Immediate Meningitis

How long sick 7 days

~~Accident, Suicide, Homicide~~

Reported by L. L. Savage M.D.

Address ● Bennings D. C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76998

Name in Full

Certificate of Death

Daniel Cobert

Died at Town Cheltenham County Prince Geo. MARYLAND

Date 189[illegible] Month 8 Day 18 | Age Y. 13 M. 8 D. | Native of Md. | Occupation Farming

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Daniel Cobert Mother's Name Margaret Cobert

Cause of Death: Primary Phthisis 22a — How long sick 30 days

Immediate Exhaustion

~~Accident, Suicide, Homicide~~

Reported by B. O. Heath M.D.

Address Cheltenham

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mrs. Florence Coleman

Certificate of Death

Died at Town Berlayn County P.G. MARYLAND

Date 1899 Month Aug. Day 18 Age Y. 35 M. D. Native of Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living one

Husband / Wife of John Coleman

Father's Name Isreal Shanahan Mother's Name Susan Shanabrook

Cause of Death: Primary Impaction Gallduct How long sick 1 week

Immediate Asthenia 91 Accident, Suicide, Homicide

Reported by Dr. G. A. Richardson

Address Hyattsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Arthur Dorsey

Died at Town: Bladensburg County: Prince George's MARYLAND

Date 1899 Month: 8 Day: 15

Age about Y. 30 M. yrs D.

Native of Maryland

Occupation Bar-keeper

~~Male~~ ~~Female~~

~~White~~ Colored

~~Married~~ Single ~~Widow~~ ~~Widower~~

~~Divorced~~

~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: Could not find out

Mother's Name: Could not find out.

Cause of Death: Primary: Gun shot wound 15 2 b

Immediate: Carabral Compression

How long sick: about 20 hours

~~Accident, Suicide~~, Homicide

Reported by Van Lear Perry M. D.

Address Hyattsville Prince George's Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full

Certificate of Death

Herman Leroy Dyson

Died at Town Meadows County Prince Geo. MARYLAND

Date 189 9 Month Aug Day 22 | Age Y. 1 M. 11 D. — | Native of Md | ~~Occupation~~

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name Enoch Dyson

Mother's Name Clara Dyson

Cause of Death: Primary Dentrition 49 | How long sick 3 Mo.

Immediate Convultions | Accident, Suicide, Homicide

Reported by Scott Armstrong

Address Forestville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Attended by Dr. Rad ma Dr

of

Information contained in this certificate received from Father of the Child

of

Name In Full Nathaniel Ford

Certificate of Death

Died at Nottingham (Town) County Pg Co MARYLAND

Date 1899 Month Aug Day 22 | Age Y. 65 M. D. | Native of Md | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living

Husband ~~Wife~~ of Rebecca Ford

Father's Name Nathaniel Ford

Mother's Name Helen Ford

Cause of Death: Primary 19 — How long sick about 2 days

Immediate Suppressed Congestive Chill

~~Accident, Suicide, Homicide~~

Reported by W H Gibbons MD

Address Crown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79818

Name in Full James Harper

Certificate of Death

Died at Town Upper Marlboro County Pr. Ged. MARYLAND

Date 189 9 | Month 5 | Day 6 | Age Y. 21 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name Wm. A. Harper

Mother's Name

Cause of Death: Primary Typhoid fever

How long sick 2 Weeks

Immediate

Accident, Suicide, Homicide

Reported by Pr. Ged. Enquirer

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full | Certificate of Death

Emily Harison

Died at Town: Mitchellsville County: P G Co MARYLAND

Date 1899 Month: Aug Day: 21 Age Y. 40 M. D. Native of: Md Occupation: housewife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 6

~~Husband~~ Wife of Trueman Harrison

Father's Name: Jacob Holland Mother's Name: Sarah Holland

Cause of Death: Primary: Sunstroke 147 How long sick: a few hours

Immediate

~~Accident, Suicide, Homicide~~

Reported by John Peach M.D.

Address Mitchellsville P G Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Clarence E. Hill

Certificate of Death

Died at Town Cheltenham County Prince Geo. MARYLAND

Date 1899 Month 8 Day 26 Age Y. 19 M. D. Native of Md Occupation Factory

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Thos. Hill

Mother's Name Sally Jones Hill

Cause of Death Primary Phthisis 22a

Immediate Asphyxia

How long sick 6 months

~~Accident, Suicide, Homicide~~

Reported by B. O. Hester M.D.

Address Cheltenham Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966

Name in Full Lucy Medly Hodge

Certificate of Death

Died at Near Up Town Marlboro County Prince George MARYLAND

Date 1899 Month Aug Day 6 Age Y. 37 M. — D. Native of Md Occupation Housework

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living ——

~~Husband~~ Wife of Henry Hodge

Father's Name P. H. Medly

Mother's Name ——

Cause of Death Primary Drowning 148

Immediate

How long sick ——

Accident, ~~Suicide, Homicide~~

Reported by G Frank Owen

Address Marlboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Annie Jackson

Certificate of Death 5—

Died at Town Marlboro County P. Geo. Co. MARYLAND

Date 189 19 Month 8 Day 1 | Age Y. 8 M. D. | Native of Md | Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife 64

Father's Name James Jackson

Mother's Name Laura Jackson

Cause of Death: Primary 49

Immediate Congestion of Brain

How long sick

Accident, Suicide, Homicide

Reported by Benj Crawford

Address Marlboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full

Lynch

Certificate of Death

Died at Town Clarksburg County P. Geo Co MARYLAND

Date 189 Month Aug Day 30 | Age Y. 27 M. D. | Native of Md | Occupation Huckster

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband of Wife

Father's Name Andrew Lynch

Mother's Name Julia Lynch

Cause of Death: Primary Bright's disease 97 | How long sick 3 months

Immediate Uraemia

Accident, Suicide, Homicide

Reported by Chas Merrill MD

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full | Certificate of Death

Josephine A Moreland

Died at Town: Laurel County: Pr. Geo. MARYLAND

Date 1899 Month: Aug Day: 2. Age Y. 66 M. — D. Native of: Md Occupation: H W

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ ~~Wife~~ of Wm A Moreland 70

Father's Name: Nathan Dorsey Mother's Name: Mary Dorsey

Cause of Death: Primary Bronchitis & Paralysis How long sick: one year

Immediate Prostration ~~Accident, Suicide, Homicide~~

Reported by [illegible]

Address Laurel Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Frances Snowden Powell

Died at Town Laurel County Pr Gen MARYLAND

Date 1899 Month Aug Day 12 Age Y. 28 M. D. Native of Md Occupation HW

~~Male~~ ~~White~~ Married Widow Divorced

Female Colored ~~Single~~ Widower Number of children living 3

~~Husband~~ of Wife Benjamin Powell 121

Father's Name Thos Snowden Mother's Name Sarah Snowden

Cause of Death Primary Puerperal Fever How long sick [illegible]

Immediate Convulsions ~~Accident, Suicide, Homicide~~

Reported by J R Hunt [illegible]

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 66363

Name in Full

Certificate of Death

Edward Gonzalez

Died at Bladensburg (Town) Prince George (County) MARYLAND

Date 1899 Month Aug Day 6 Age Y. 65 M. D. Native of Md. Occupation Laborer

Male ~~Female~~ ~~White~~ Colored ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 4

Husband / Wife of born a slave

Father's Name

Mother's Name

Cause of Death: Primary 129 — How long sick 4 hrs

Immediate Cholera Morbus — Accident, Suicide, Homicide

Reported by Elizabeth Lyons

Address Bladensburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Attended by Dr. _____

of _____

Information contained in this certificate received from Lloyd D. Bayly

of Bladensburg, Md.

Coroner

Name in Full George Ashby Sizer. Certificate of Death

Died at Town Riverdale County Prince George MARYLAND

Date 1899 Month 8 Day 21 | Age Y. — M. 6 D. 11 | Native of Maryland | Occupation —

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | Widow / Widower | Divorced | ~~Number of children living~~

Husband —

Wife —

Father's Name Chas. M Sizer 82 | Mother's Name Mary Sizer,

Cause of Death — Primary: Cholera Infantum — How long sick: 2 weeks,

Immediate: Exhaustion — Accident, Suicide, Homicide

Reported by A. H. McMillan M.D.

Address Riverdale Maryland,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Susan Stubbs

Died at East Nottingham (Town) Cr. George (County) MARYLAND

Date 1899 Month 8 Day 20 | Age Y. 3 M. D. | Native of | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Howard L. Stubbs

Mother's Name Lizzie

Cause of Death: Primary ~~Consumption~~ 22a

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Cecil Ithig 8-26

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Wm Earl White

Died at Town: Forestville — County: Prince George — MARYLAND

Date 1899 — Month: Aug — Day: 9 | Age — Y. 6 M. 20 D. | Native of: Md | Occupation:

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / Widower — ~~Divorced~~ — ~~Number of children living~~

Husband / Wife of

Father's Name: Cornelius White — Mother's Name: Laura Galahan White

Cause of Death — Primary: Cholera Infantum — How long sick: One week

Immediate: Convulsions Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by: John A Corn M.D.

Address: F.B. [redacted] Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 58068